

FROM MCI, Technology Law Washington DC

(TUE) 6. 28' 05 15:58/ST. 15:58/NO. 4261173392 P 1

Docket No.: COS97092C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant(s): Devine et al

Confirmation No.: 1465

JUN 28 2005

Serial No.: 10/621,800

Art Unit: 2131

Filed: July 18, 2003

Examiner: Christopher A. Revak

Title: Secure Customer Interface for Web Based Data Management

ISSUE FEE PAYMENT

Mail Stop ISSUE FEE  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

TRANSMISSION CERTIFICATE UNDER 37 C.F.R. §1.8(a)

I hereby certify that the correspondence cited herein is being sent via facsimile  
to the USPTO Centralized Facsimile Number (703) 352-9300 on

06/28/2005 571-273-8300

*Marilyn A. Holt*  
Eden U.I. Stright  
Marilyn Holt for

Dear Sir:

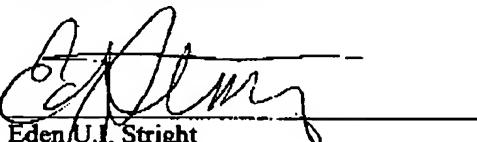
In response to the Notice of Allowance mailed March 28, 2005, enclosed are the following:

1. Issue Fee Transmittal;
2. Request for Corrected Notice of Allowance;
3. Copy of date-stamped Express Mailing receipt;
4. Request for Consideration of Previously Submitted Documents; and
5. Certificate of Transmission.

Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees or publication fees, to Deposit Account No. 13-2491 and please credit any excess fees to such deposit account.

Respectfully submitted,

Date: 6/17/05

  
Eden U.I. Stright  
Registration No. 51,205

MCI, Inc.  
1133 19<sup>th</sup> Street, NW  
Washington, DC 20036  
Phone: 202 736-6008  
Fax: 202-736-6382

FROM MCI Technology Law Washington DC

(TUE) 6. 28' 05 15:59/ST. 15:58/N0. 4261173392 P 3

Docket No. COS97092C1

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**CENTRAL FAX CENTER**

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JUN 28 2005

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Art Unit: 2131

Filed: July 18, 2003

Examiner: Christopher A. Revak

Title: Secure Customer Interface for Web Based Data Management

**REQUEST FOR CORRECTED NOTICE OF ALLOWANCE**

**Mail Stop Issue Fee**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby request that a corrected Notice of Allowance be issued and sent to the undersigned representative reflecting the correct application filing date. Specifically, the following correction to the Notice is requested.

Under Filing Date, replace "07/18/2003" with -07/16/2003--.

Applicants previously submitted a Request for Corrected Official Filing Receipt on July 22, 2004, submitting proof of filing on July 16, 2003, in the form of the date-stamped Express Mailing receipt. However, to date, the application filing date has not yet been corrected. A copy of the date-stamped Express Mailing Receipt is attached herewith.

Respectfully submitted,

  
\_\_\_\_\_  
Eden U.I. Stright  
Reg. No. 51,205

MCI, Inc.  
1133 19th Street, N.W.  
Washington, D.C. 20036  
Tel: (202) 736-6008  
Fax: (202) 736-6382

**BEST AVAILABLE COPY**



ER 026737158 US

**Mailing Label**  
Label 1-8 September 2002



UNITED STATES POSTAL SERVICE

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ORIGIN (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery	First Rate Envelope	
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>	
Date In	Postage		
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$	
Time In	Return Receipt Fee		
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
Weight	Int'l Alpha Country Code	ODD Fee	Insurance Fee
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DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Date	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
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PAYMENT BY ACCOUNT			

**Customer Copy**  
Label 1-8 September 2002



UNITED STATES POSTAL SERVICE

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ORIGIN (POSTAL USE ONLY)			
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20231803	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>	
Date In	Postage 1285		
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Time In	Return Receipt Fee		
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
Weight 14.00	Int'l Alpha Country Code	ODD Fee	Insurance Fee
		\$	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance of Mail by Mailer Total Postage		
	17.65		

FROM: PLEASE PRINT) PHONE: 202-336-6371

WORLD DM, INC.  
PATENT DEPT., FLOOR 10  
1133 19TH STREET NW  
WASHINGTON, DC 20036

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Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Date	Time	Employee Signature	
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TO: PLEASE PRINT) PHONE: *MAIL STOP: PATENT APPLICATIONS  
COMMISSIONER FOR PATENTS  
P.O. BOX 450  
ALEXANDRIA, VA.*

2 2 3 1 3 + 1 4 5 0

FROM MCJ. Technology Law Washington DC

(TUE) 6. 28' 05 16:00/ST. 15:58/NO. 4261173392 P 5

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Examiner: Christopher A. Revak

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**REQUEST FOR CONSIDERATION OF  
PREVIOUSLY SUBMITTED DOCUMENTS**

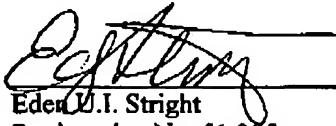
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicants request consideration of the document previously submitted via ePAVE on October 19, 2004. Applicants request consideration of the document cited therein and that the Examiner initial each document and return the initialed copies to Applicants.

Respectfully submitted,

Date: 6/17/05

  
Eden U.I. Stright  
Registration No. 51,205

MCI, Inc.  
1133 19<sup>th</sup> Street, NW  
Washington, DC 20036  
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